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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

Place of Birth Miami County Gila No. #166 St. _____

SEX OF CHILD* Twin Triplet or other? { } and { } Number in order of birth 2

DATE OF BIRTH* June 27, 1923
(Month) (Day) (Year)

FULL NAME Herbert Edward Rabada FATHER
FULL MAIDEN NAME Helen Bertina Hall MOTHER

I HEREBY CERTIFY that the child described herein has been named Herbert Edward Rabada Jr.
(Give name in full) (Surname)

(Parent's Signature) Information taken from letter of Nov. 3, 1941
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
SM 5/20/41

892-627-883